

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 391307	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/27/2023
NAME OF PROVIDER OR SUPPLIER: PENN HIGHLANDS TYRONE STATE LICENSE NUMBER: 46030101			STREET ADDRESS, CITY, STATE, ZIP CODE: 187 HOSPITAL DRIVE TYRONE, PA 16686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	INITIAL COMMENT	P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE: _____ (X6) DATE: _____					

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P 0000	<p>Continued from page 1</p> <p>This report is the result of a revisit conducted on July 27, 2023, at Penn Highlands Tyrone, as the result of a previous special monitoring visit that was conducted on March 9, 2023 and March 13, 2023. It was determined that the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998.</p> <p>This Facility continues to be under a Plan of Correction with other surveys that have been conducted. Those deficient practices and the associated regulations are enumerated below; however, they are not included in this specific report. Each Statement of Deficiency, for the surveys below, was forwarded under a separate cover to Penn Highlands Tyrone with directions to file a Plan of Correction for each.</p> <p>1. A full State Licensure survey (2CR911), which concluded on May 10, 2023.</p>	P 0000			

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P 0000	Continued from page 2 103.3 (1) Governing Body Bylaws 103.3 (10) iii Governing Body Bylaws 109.23 (b)(1-5) Written Nursing Care Policies 123.4 (b)(1) Director 2. A special monitoring visit (8K2M11) which concluded on July 19, 2023. 101.42 Building Occupancy	P 0000			



Certified End Page

PENN HIGHLANDS TYRONE

STATE LICENSE NUMBER: 46030101

SURVEY EXIT DATE: 07/27/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY